

A GUIDE FOR PRACTITIONERS
AND STATE AND LOCAL POLICYMAKERS

Strengthening Families AND Protecting Children FROM Substance Abuse

BY

Cynthia Lang

AND

Mara Krongard



NORTHEAST CENTER FOR THE
APPLICATION OF PREVENTION TECHNOLOGIES



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NORTHEAST CENTER FOR THE
APPLICATION OF PREVENTION TECHNOLOGIES

The Northeast Center for the Application of Prevention Technologies (CAPT)

The Northeast CAPT is located in Health and Human Development Programs at Education Development Center, Inc. (EDC), Newton, Massachusetts. It is one of six regional centers funded by the Center for Substance Abuse Prevention, in the Substance Abuse and Mental Health Services Administration.

The CAPTs transfer science-based research from such federal agencies as the Center for Substance Abuse Prevention, the Substance Abuse and Mental Health Services Administration, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the Office of Juvenile Justice and Delinquency Prevention, the U.S. Department of Education, and others to prevention providers through a customized, proactive application process called “technology transfer.”

Serving the six New England states and five mid-Atlantic states, the Northeast CAPT works with states to effectively

transfer knowledge to the local level and strengthen local capacity to prevent and reduce alcohol and other drug use in youth ages 12–17.

KEY FEATURES OF THE NORTHEAST CAPT:

- Science-based prevention: translating the research on prevention and applying this knowledge to product development, trainings, and technical assistance
- Collaboration: supporting collaboration among state agencies and among state partners and national organizations
- Systems development: increasing states' capacity to support and sustain the application of effective practices
- Technology: increasing access to and use of technology by maintaining a strong, user-friendly website that provides products and services

The Northeast CAPT framework (page v) stresses the importance of implementing mutually reinforcing prevention activities through a variety of different delivery systems. This guide is designed for audiences in **state, community, social service, workplace, and health care delivery systems.**

The CAPT product list is always growing. Currently, other products include:

Changing the Larger Environment:
Critical Components

Correlations Between AOD and
Violence

Correlations Between AOD and
Violence: A Bibliography

Environmental Summit Planning Tools

Evaluation Research References for
Non-Researchers: An Annotated
Bibliography

Family-Based Prevention: Critical
Components

School-Based Prevention: Critical
Components

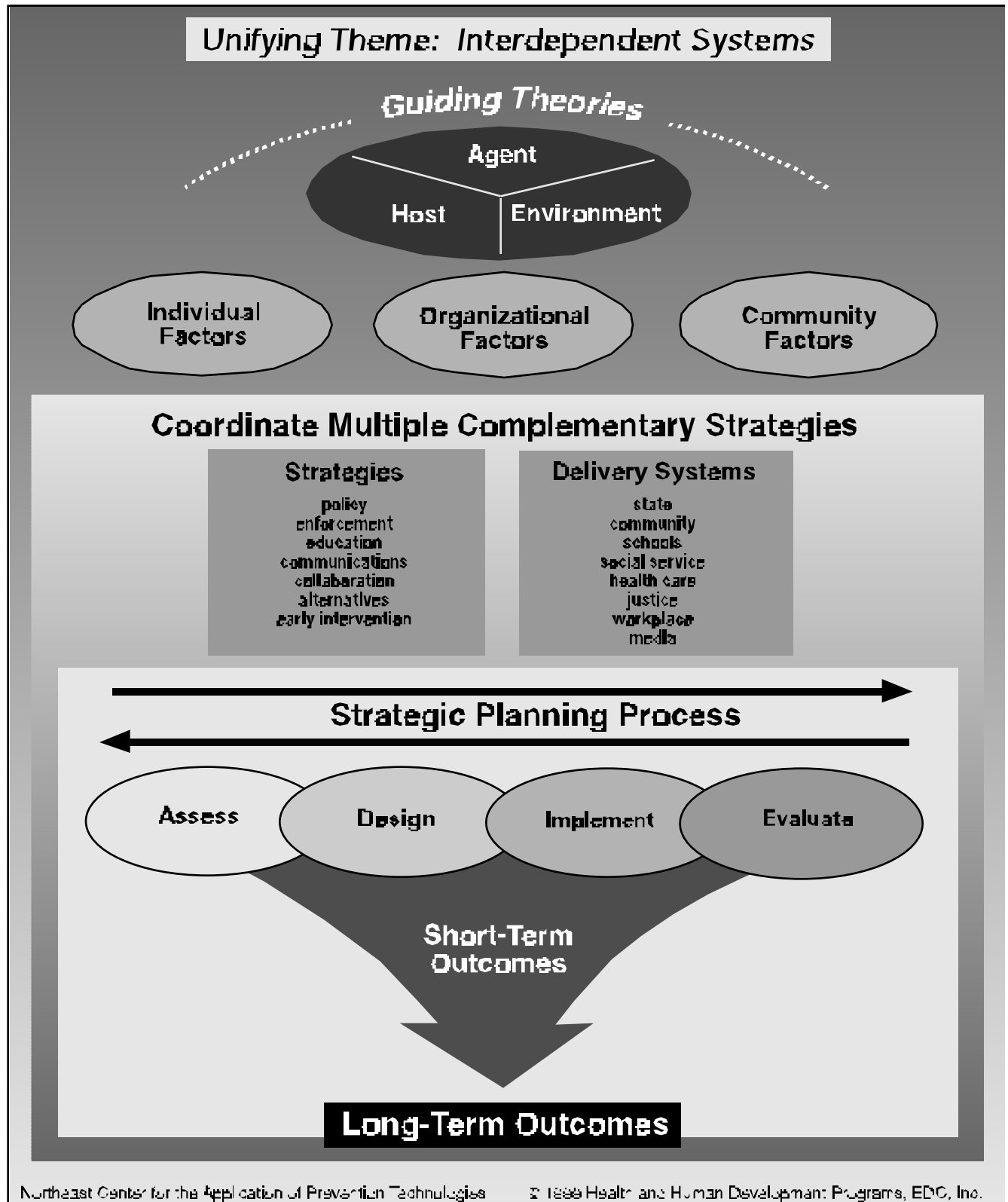
Science-Based Prevention Strategies

Science-Based Prevention: An
Annotated Bibliography

Social Marketing

*For more information on CAPT products, technical assistance, and training,
check our website. <http://www.edc.org/capt/>*

Science-Based Substance Abuse Prevention at a Glance: Key Elements



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Introduction

“Multiple strategies, carried out in multiple settings, that logically connect program goals and objectives to a set of measurable outcomes—these are any community’s best option for preventing the problems associated with substance abuse.”

— MICHAEL J. ROSATI
Director of the Northeast CAPT

This guide focuses on **family factors** and prevention—on what families, with the skill of practitioners, can do to support the healthy development of their children and youth from birth (and even before) to age 17.

To the parents or friends of a teenager, substance abuse among adolescents often

appears to erupt, full-blown and troubling, as a problem that comes with the territory, like acne or loud disputes at mealtimes. In fact, it is as much a symptom of a problem—or more accurately, a number of interacting factors—as it is a problem in its own right. What may appear to be one more manifestation of adolescent rebellion is usually the result of influences in the past as well as pressures in the present.

Substance abuse includes underage use of alcohol, tobacco, other drugs, and household substances used as inhalants.* Sometimes it begins before adolescence, in the elementary and middle school years. The 1997 Monitoring the Future

* The use of alcohol, tobacco, and other drugs is illegal for the under-21 population and presents a potential risk of causing significant harm. It is possible to encounter young people who are at any number of identified phases of drug use, ranging from experimental to habitual to dependency. It is also important to make such distinctions concerning prevention. The focus of this document is to support communities in developing programs that prevent the onset and, where possible, the progression of substance use.

national survey of about fifty thousand youth tells a disturbing story about substance use by the eighth grade:

- Alcohol—more than 54 percent of the children surveyed had tried alcohol
- Tobacco—47 percent had tried cigarettes
- Marijuana—23 percent of eighth graders had smoked marijuana at least once and 10 percent had smoked it within the past 30 days
- Inhalants—23 percent had experimented with inhalants, which are inexpensive, legal, and easily found in products such as glue, aerosols, and solvents¹

When the problems of substance abuse escalate over time, the result is often young adults who lack the motivation to proceed on socially approved pathways to income and education, and who have little ability to effectively nurture their own young children.

Yet, many young people do not use substances. Many children and adolescents do receive the support they need from their families. Family support can be pivotal in helping them as they grow, develop new identities, make important decisions, and go in new directions. Family capacity to overcome obstacles and hardships and to nurture children effectively contribute significantly to children's resiliency and

buffer them from some of the most severe challenges of adolescence.

Parental support, for instance, has been found to be one of the most powerful predictors of reduced delinquency and drug use in minority youth.²

Increased parental supervision is a major mediator of peer influence.

Fortunately, the science of prevention offers promising and practical steps that practitioners can take with families to address the social behaviors that contribute to substance abuse. Local practitioners, who work with families and know the community's realities and resources, are well positioned to bring about positive behavior changes—in individual children and youth, in their parents, and in the family unit as a whole. They may play a pivotal role in altering family behaviors that can lead to substance abuse in youth and in improving the prospects for children as they grow.³

A current focus on family-based prevention seeks to strengthen and empower families so that they can foster optimal development of children, youth, and adult family members. It has brought with it a shift in human-services delivery that encourages public and private

agencies to work together, with an emphasis on being preventive, responsive, flexible, and strengths-based.⁴ “Programs must acknowledge that almost all families have strengths and must build on those strengths,” says Dr. Karol Kumpfer, director of CSAP, “rather than devote time only to what troubles children, their families, and the communities in which they live.”

AUDIENCE

From parent groups and counseling programs to mental health clinics and homeless shelters, practitioners encounter families in many settings. This guide speaks to specific audiences:

- practitioners/service providers in local community agencies and organizations who work directly with families: social workers, family counselors, family therapists or other therapists with a family focus; religious leaders, employee assistance program and student assistance staff
- primary health care providers in neighborhood, hospital-based and teen clinics who work with pregnant adolescents (see in particular Strategy 5)
- prevention specialists who work with staff from local community agencies
- program planners, at the state level or in regional offices within the state, who are in a position to transfer prevention knowledge and strategies broadly

HOW THE GUIDE IS ORGANIZED

This guide is intended to be practical and user-friendly. Its purpose is to assist practitioners in selecting effective prevention strategies and adopting, adapting, and/or designing programs that are likely to achieve the outcomes they and their clients want.

Section I describes relevant research and how it contributes to science-based prevention. It looks at the ways in which our understanding of substance abuse is guided by theories in several areas: public health, risk and resiliency, family systems, community systems, and environmental change. It presents protective and risk factors as they occur at the level of the individual, family, peers, school, community, and society.

Section II focuses on five family-based strategies and the evidence that supports them: (#1 and 2) parent and family skills training, (#3) family in-home support, (#4) family therapy, and (#5) prenatal and early childhood intervention.

Section III offers a series of guidelines for implementing family-based programs for practitioners who want to

adapt and apply these strategies in their local programs.

The Conclusion looks beyond the family-based strategies to provide an overview of steps that parents can take to improve the family climate in ways that contribute to prevention.

Appendix A provides a list of resources, including selected family-based programs. Appendix B suggests ways that individuals—both practitioners and the families they work with—can influence larger environmental factors beyond the family that affect substance abuse problems; it addresses policy, enforcement, education, communication, and collaboration.

THE LINKS BETWEEN SUBSTANCE ABUSE AND VIOLENCE

Today, it is artificial to talk about preventing substance abuse without considering violence prevention, and vice versa. Strategies designed to prevent substance abuse in children and youth are similar to those designed to prevent violence—even, in some cases, identical. At local, state, and national levels, theorists and practitioners of these two disparate fields of preven-

tion, each with its own history, icons, successes, and cautions, have grown to see the value of sharing their knowledge bases and combining their resources.

The Links

The research suggests important links between substance abuse and violence:

- Fifty percent of violent offenders in state prisons reported being under the influence of alcohol or other drugs at the time of the offense; 30 percent reported that their victim was under the influence.⁵
- Of adults in treatment for alcohol or drug abuse, 84 percent report a childhood history of physical or sexual abuse.⁶
- Adolescents with a history of childhood sexual abuse are significantly more likely to engage in drug abuse, juvenile delinquency, and criminal behavior than other adolescents.⁷
- Students in schools where drugs are available are twice as likely to fear an attack at school as compared to students at schools where drugs are not available.⁸
- The presence of alcohol is strongly associated with incidents of date rape.⁹
- A major factor that differentiates aggressive from nonaggressive teenagers is substance abuse, including alcohol and tobacco.¹⁰
- Studies show that there is a higher incidence of alcohol abuse among husbands who batter than among husbands who do not.¹¹

- It has been estimated that alcohol is present in as many as 70 percent of suicide attempts, and up to 66 percent of actual deaths from suicide.¹²

The Strategies

Interventions designed to prevent violence and violent behavior in children and youth parallel interventions designed to prevent substance abuse. Efforts focus on *individuals*, through parent training that helps individual children develop patterns of thought, feeling, and action that can help prevent violence. Efforts focus on *families*. A core principle of the Office of Juvenile Justice and Delinquency Prevention (OJJDP), for instance, is to *strengthen the family* as a unit and provide resources to families and communities.¹³ Efforts, finally, focus on the *environment*—restricting purchase of handguns, installing lights to reduce shadowed areas in residential areas, and making two-way streets into one-way streets to reduce drive-bys and circling.

The Implications

This guide offers strategies that focus on building healthier families. When changes are brought about at an early age, in the life of the child and the family, they are likely to have positive effects that prevent substance abuse. In addition, they are likely to protect children against a range of threats to health and healthy development that they face as they grow older, from school dysfunction, delinquency, and violence to HIV infection.

“Of the many factors that contribute to violence, none inevitably lead to violence. Violent behavior is learned, and it can be unlearned. Or we can change conditions so that violence is not learned in the first place. Early intervention is the best, but it is never too late to start.”

— DR. RON SLABY

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